

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030363

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7218

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 19 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST. LOUIS**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MO.** b. COUNTY

c. CITY
OR TOWN

ST. LOUIS

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **LUTHERAN HOSPITAL**

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS

5251 DAGGETT

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First **BRYAN** Middle **KEITH** Last **PARISI**

4. DATE
OF DEATH

Month **JULY** Day **10** Year **1963**

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

JULY 9 1963

9. AGE (last birthday)

IF UNDER 1 YEAR

Months **1** Days **1** Hours **1** Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST. LOUIS MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOHN PARISI

13b. MOTHER'S MAIDEN NAME

BETTY DAVIS

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

JOHN PARISI 5251 DAGGETT AVE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Atherosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

7620

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7/9/63

to **7/10/63**

and last saw her alive on **7/10/63**

Death occurred at

10 P.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thomas Hatis

22b. ADDRESS

40755 Grand

22c. DATE SIGNED

7-11-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

JULY 12, 1963

23c. NAME OF CEMETERY OR CREMATORY

RESURRECTION CEM.

23d. LOCATION (City, town, or county)

ST. LOUIS CO. MO.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Hatis 2906 Gravois

25. DATE RECD. BY LOCAL REG.

JUL 12 1963

26. REGISTRAR'S SIGNATURE

Earl Smith MO

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

65

Not Embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Chavoi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Dr. Kienyde
4675 McBrann
PL 27370
1-5 P.M. Mon.*